PRINTED: 04/06/2011 FORM APPROVED

CENTERS FOR MEDICARE & MEDIC	AID SERVICES		0	OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155237	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE NURSI		3518 8	ADDRESS, CITY, STATE, ZIP CODE S SHELBY ST NAPOLIS, IN46227	•	
(X4) ID SUMMARY S PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
State Licensure s Survey Dates: M 17, 2011 Facility Number Provider Number AIM Number: 1 Survey Team: Rhonda Stout RI 17 2011) Marcy Smith RN Leia Ally RN (M 2011) Census Bed Type SNF/NF: 71 Total: 71 Census Payor Ty Medicare: 6 Medicaid: 52 Other: 13 Total: 71 Sample: 15 These deficienci	March 13, 14, 15, 16, & : 000142 r: 155237 00266940 N TC (March 13, 14, & March 13, 15, 16, & 17 e:	F0000	The creation and submission this Plan of Correction does constitute an admission by provider of any conclusion forth in the statement of deficiencies, or of any violar regulation. This provider respectfully requests that the 2567L Plan of Correction to considered the Letter of Challegation and requests a Review or Post Certification Review on or after 04/16/2	es not y this a set ation of the be redible Desk on	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Quality review completed 3-22-11

Cathy Emswiller RN

TITLE (X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

6CBP11

Facility ID:

000142

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155237			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION		E SURVEY PLETED /2011
NAME OF F	PROVIDER OR SUPPLIEF	2		ADDRESS, CITY, STATE, ZIP COD SHELBY ST	E	
BETHAN	Y VILLAGE NURSI	NG HOME		IAPOLIS, IN46227		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING		COMPL	ETED
		155237	B. WING			03/17/2	011
			D		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				SHELBY ST		
BETHAN	Y VILLAGE NURSII	NG HOME			APOLIS, IN46227		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F0157		review and interview the	F01:	57	F157 483.10(b)(11) Notify o		04/16/2011
SS=D	facility failed to	notify the physician in a	changes (injury/decline/room,				
	timely manner regarding a diastolic blood				etc.)		
	pressure outside of ordered call parameters for 1 of 13 residents reviewed for physician notification in a sample of				A fooility was at increased at all a		
					A facility must immediately		
					inform the resident; consult with the resident's physiciar		
	15. (Resident #56	•			and if known, notify the	١,	
		,			resident's legal representati	ve	
	Findings include	d∙			or an interested family	'	
	i mamga merade	u.			member when there is a		
	The record of Resident #56 was reviewed				significant change in the		
					resident's physical, mental,	or	
	on 1/14/11 at 9:0	o am.			psychosocial status (i.e., a		
					deterioration in health, men	tal.	
	_	esident #56 included, but			or psychosocial status in	,	
	were not limited	to, high blood pressure			either life-threatening		
	and history of a s	stroke with left side			conditions or clinical		
	affected.				complications);		
	A recanitulated n	hysician's order for			What corrective action(s)		
		th an original date of			will be accomplished for		
		_			those residents found to		
		ed the resident was to			have been affected by the		
	•	ressure and heart rate			deficient practice?		
	_	and the physician was to			· Resident #56 had		
		iastolic blood pressure			physician notified of DBP of	.	
		90. DBP is the minimal			100 on 3/14/11 at 5:30PM v		
	blood pressure w	hen the heart is at rest.			no changes in orders.		
	The Medication Administration Record				How will you identify other	_	
					How will you identify other	'	
	, ,	ry, 2011, indicated on			residents having the		
		#56's DBP was 100.			potential to be affected by		
	There was no documentation to indicate				the same deficient practice		
the physician had been notified. Further				and what corrective action	'		
	information abou	t physician notification			will be taken? A chart audit identified		
					A Grant addit identified		

	STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED
		155237	A. BUILDING B. WING		03/17/2011
	PROVIDER OR SUPPLIER		3518 S	ADDRESS, CITY, STATE, ZIP CODE S SHELBY ST NAPOLIS, IN46227	(X5)
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION
	of the DBP of 10 Director of Nursi 5:30 PM. \During an interv am the DON indi not been notified occurrence. She indicating "MD v	0 was requested from the ing (DON) on 3/14/11 at view on 3/15/11 at 9:00 icated the physician had at the time of the provided a typed memo was notified 03/14/2011 vs] diastolic of 100. No		residents who require blood pressure monitoring. Residents have blood pressures outside established parameters reported to the physician. What measures will be purinto place or what system changes you will make to ensure that the deficient practice does not recur? Director of Nursing Services reviewed the policion of Change of Condition for physician notification. Nursing staff was inserviced on or before 4/12/2011 by the Director of Nursing Services (DNS) regarding physician notification of abnormal bloopressures. Blood pressure parameters are listed on the Medication Administration Record (MAR). Nurses notify physicion of blood pressures outside established parameters via or phone based on physicial preference. Abnormal blood pressure and effort to notify physician is placed on the 2 Hour Condition Report. The 24 Hour Condition	t ic y f od e an fax an

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER: 155237			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 03/17/2011		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S SHELBY ST INDIANAPOLIS, IN46227				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
				Report is reviewed by the Interdisciplinary Team (IDT morning meeting for any clinical concerns. Nurse managers reviewed by the charts with identified concerns for physician notification. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The DNS/Qualified Designation is responsible for the completion of the Change Condition audit tool for physician notification of abnormal blood pressures one unit per day for four weeks, monthly for two months, then quarterly thereafter with results report to the Continuous Quality Improvement (CQI) commit overseen by the executive director. If threshold is not achieved an action plan made developed to ensure compliance.	iew ierns (s) re y e ee of for rted ttee		

NAME OF PROVIDER OR SUPPLIER STIME ADDRESS. CITY, STATE, ZIP CODE STIME ADDRESS. CITY, STATE, ZIP CODE STATE ADDRESS. CITY, STATE, ZIP CODE STATE, ZIP CADDRESS. CITY, STATE, ZIP CADDRES		T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE S COMPLE	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE NURSING HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (FEAT DEFICIENCY MIST BE PERCEDED BY FILL. TAG BEGULATORY OR ISE (DESTITYING INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DESTITY OR INFORMATION TAG BEGULATORY OR ISE (DESTITY OR INFORMATION TAG BEGULATORY OR ISE (DESTITY OR INFORMATION) TAG BEGULATORY OR ISE (DATE OR INFORMATION TAG BEGULATORY OR ISE (DATE OR			155237	1			03/17/20)11
BETHANY VILLAGE NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) FO282 SS=D Based on record review and interview the facility failed to ensure physician and nursing plans of care were followed for reporting blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal				D. WIIV		ADDRESS, CITY, STATE, ZIP CODE		
INDIANAPOLIS, IN46227 INDIANAPOLIS, IN46220 INCIDENT AND	NAME OF P	ROVIDER OR SUPPLIER			l			
PRETIX TXG REGULATORY OR LSC IDENTIFYING INFORMATION) FO.282 SS=D SS=D Regulatory or LSC IDENTIFYING INFORMATION) FO.282 SS=D Regulatory or LSC IDENTIFYING INFORMATION) FO.282 SS=D FO.282 FO.282 SS=D FO.282 FO.283 FO.282 F				INDIANAPOLIS, IN46227				
FO282 Based on record review and interview the facility failed to ensure physician and nursing plans of care were followed for reporting blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal						PROVIDER'S PLAN OF CORRECTION		
F0282 SS=D Based on record review and interview the facility failed to ensure physician and nursing plans of care were followed for reporting blood pressures outside call parameters, taking weekly blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if ther diastolic blood pressure (DBP) was over 90. DBP is the minimal		*				CROSS-REFERENCED TO THE APPROPRIAT	TE.	
facility failed to ensure physician and nursing plans of care were followed for reporting blood pressures outside call parameters, taking weekly blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal			· · · · · · · · · · · · · · · · · · ·	+				
Internst plants of care were followed for reporting blood pressures outside call parameters, taking weekly blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal	F0282			F02	82	` ' ' '	•	04/16/2011
nursing plans of care were followed for reporting blood pressures outside call parameters, taking weekly blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal	SS=D	facility failed to ensure physician and					1	
reporting blood pressures outside call parameters, taking weekly blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal		nursing plans of	care were followed for				e	
parameters, taking weekly blood pressures and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal		reporting blood p	ressures outside call					
and heart rates and monitoring the heart rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal		parameters, takin	g weekly blood pressures			accordance with each resident	ťs	
rate of a resident with a pacemaker for 2 of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal		-				•		
of 13 residents reviewed for their plans of care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal			_			1		
care being followed in a sample of 15. (Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and heart rate is checked based on the written plan of care. Resident #69's heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal			-			<u> </u>		
(Residents #56 and #69) Findings included: 1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal			*				1	
blood pressure and heart rate checked based on the written plan of care. Resident #69's cardiologist was contacted with weekly frequency established for heart rate is checked based on the written plan of care. Resident #69's cardiologist was contacted with weekly frequency established for heart rate is checked based on the written plan of care. Resident #69's heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal		•	•			<u>-</u>		
checked based on the written plan of care. Resident #69's cardiologist was contacted with weekly frequency established for heart rate check. Resident #69's heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal		(Residents #56 at	na #69)			1 .		
plan of care. Resident #69's cardiologist was contacted with weekly frequency established for heart rate check. Resident #69's heart rate check. Resident #69's heart rate check. Resident #69's heart rate check based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and who have pacemakers. Resident rate monitoring and who have pacemakers, have blood pressure without monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring heard on the written plan of care. Resident #69's cardiologist was contacted with weekly frequency established for heart rate check. Resident #69's heart rate checke hased on the written weekly frequency established for heart rate check. Resident #69's heart rate checke based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers.		Findings included:						
1. The record of Resident #56 was reviewed on 1/14/11 at 9:00 am. Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal weekly frequency established for heart rate check. Resident #69's heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. · Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate						I		
heart rate check. Resident #69's heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal heart rate check. Resident #69's heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring heart rate monitoring and who have pacemakers and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers and heart rate monitoring and who have pacemakers.						cardiologist was contacted with	h	
heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? • A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. • Residents requiring blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal heart rate is checked based on the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? • A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. • Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and have pacemakers, have blood pressure and heart rate monitoring and have pacemakers, have blood pressure and heart rate monitoring and have pacemakers, having the potential to be affected by the same deficient practice and what corrective action will be taken? • A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. • Residents requiring blood pressure and heart rate		1. The record of 1	Resident #56 was					
Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal the written plan of care. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate		reviewed on 1/14	/11 at 9:00 am.			1		
Diagnoses for Resident #56 included, but were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate								
were not limited to, high blood pressure and history of a stroke with left side affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal having the potential to be affected by the same deficient practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate		Diagnoses for Re	esident #56 included, but			•		
and history of a stroke with left side affected. affected by the same deficient practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring, heart rate monitoring, heart rate monitoring and have pacemakers. · Residents requiring blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal affected by the same deficient practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. · Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have here have blood pres		_						
affected. A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal practice and what corrective action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. · Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate pressure and heart rate monitoring and who have						1 -	nt	
A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal action will be taken? · A chart audit identified residents who require blood pressure monitoring, heart rate monitoring and have pacemakers. · Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have		-				practice and what corrective		
A recapitulated physician's order for March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal require blood pressure monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and heart rate monitoring and have pacemakers.						1	rt	
March, 2011, with an original date of 12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal monitoring, heart rate monitoring and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and heart rate monitoring and heart rate monitoring and have pacemakers.		A recanitulated n	hysician's order for			1		l
12/29/04, indicated the resident was to have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal and have pacemakers. Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers on the written.						· ·	_{na}	
have her blood pressure and heart rate checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal Residents requiring blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have		i i	•			-	··9	l
checked weekly and the physician was to be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers, have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate monitoring and who have pacemakers have blood pressure and heart rate pacemakers have bl		•						
be called if her diastolic blood pressure (DBP) was over 90. DBP is the minimal pacemakers, have blood pressure and heart rate pressure and heart rate propriete description.						pressure and heart rate		l
(DBP) was over 90. DBP is the minimal pressure and heart rate						I -		
monitored based on the written			•			1 .		
I tale at a second control to a tale at section at most		` ′				1 :	,	l
plan of care. What measures		blood pressure w	hen the heart is at rest.				1	
will be put into place or what						1 '		
The Medication Administration Record systemic changes you will		The Medication A	Administration Record					
(MAR) for January, 2011, indicated on make to ensure that the		(MAR) for Janua	ry, 2011, indicated on					
1/19/11 Resident #56's DBP was 100. deficient practice does not		, ,	•			<u> </u>		
recur? · Director of Nursing						recur? · Director of Nursing		

	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		155237	B. WING			03/17/2011	
NAME OF F	PROVIDER OR SUPPLIEI	3	ST	TREET A	DDRESS, CITY, STATE, ZIP CODE		
	NO VIBER OR SOLI EIE		3	518 S	SHELBY ST		
BETHAN	Y VILLAGE NURSI	NG HOME	IN	NDIAN	APOLIS, IN46227		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	П	D	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	ICY MUST BE PERCEDED BY FULL	PRE	EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETIC	ON
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TA	AG	DEFICIENCY)	DATE	
	There was no do	cumentation to indicate			Services (DNS)developed a	ا ا	
	the physician ha	d been notified. Further			procedure for <i>Monitoring Bloo</i> Pressure and Heart Rate.		
	information about	ut physician notification			Nursing staff was inserviced o	n or	
	of the DBP of 10	00 was requested from the			before 4/12/2011 by the DNS		
	Director of Nurs	ing (DON) on 3/14/11 at			regarding monitoring blood		
	5:30 PM. During an interview on 3/15/11 at 9:00				pressures and heart rates.		
					Blood pressures and heart rat		
					are documented in the medica record. The Medication	1	
	_				Administration Record (MAR)	is	
	am the DON indicated the physician had				reviewed for routine blood		
	not been notified at the time of the				pressures and heart rates by		
	occurrence. She provided a typed memo				nurse managers no less than		
		was notified 03/14/2011			monthly with month-end		
	=	s's] diastolic of 100. No			recapitulation review. How the	ne	
	order changes."				corrective action(s) will be		
					monitored to ensure the		
	The MAR for Fe	ebruary, 2011, indicated			deficient practice will not rec i.e., what quality assurance	·ur,	
	the resident was	to have her blood			program will be put into place	e?	
	pressure and hea	art rate checked on 2/2,			The DNS/Qualified Designe	I	
	•	23, 2011. The record did			responsible for the completion	of	
		e assessments were done			the Monitoring Blood Pressure	•	
		er information was			and Heart Rate audit tool for		
		he DON on 3/14/11 at			monitoring of blood pressures and heart rates for one unit pe	I	
	•				day for four weeks, monthly for	I	
	_	ng the missing blood			two months, then quarterly		
	•	ert rate. No further			thereafter with results reported	d to	
		provided by the final exit			the Continuous Quality		
	on 3/17/11 at 5:0	00 PM.			Improvement (CQI) committee	•	
					overseen by the executive director. If threshold is not		
		Resident #69 was			achieved an action plan may b	ne	
	reviewed on 3/1	7/11 at 10:30 AM.			developed to ensure complian		
					,		
	Diagnoses for R	esident #69 included, but					
	were not limited	to, atrial fibrillation,					
		ment of a cardiac					
	F						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING			COMPLETED	
		155237	B. WIN			03/17/20	11	
NAME OF E	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE			
NAME OF F	ROVIDER OR SUFFLIER			3518 S	SHELBY ST			
BETHAN	Y VILLAGE NURSII	NG HOME		INDIAN	APOLIS, IN46227			
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE (COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE	
	pacemaker in Ap	rıl, 2006.						
	current through 6 problem of "Resi pacemaker failur placement for sic goal was "Reside signs of pacemak by: pulse less tha	e related to pacemaker ek sinus syndrome." The ent will not experience er failure as evidenced en 60" Approaches						
	includedObserve for signs of pacemaker							
	failure (pulse of	[less than] 60"						
	and February, 20 pulse had been cl	nurses notes for January 11 indicated the residents hecked on 1/10/11, and 2/29/11. No other amented.						
	the DON on 3/17 regarding the lac assessments for t interview on 3/17 indicated the resi checked on a reg							

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		DDIG		COMPL	ETED
		155237	A. BUII B. WIN			03/17/2	011
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	₹			SHELBY ST		
RETHAN	Y VILLAGE NURSI	NG HOME			APOLIS, IN46227		
	I VILLAGE NORSI	ING FIGIVIE		INDIAN	AFOLIS, 11140221		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	TΕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
F0329	Based on record	review and interview the	F03	29	F329 483.25(I) Drug Regimen		04/16/2011
SS=E					Free from Unnecessary Drugs Each resident's drug regimen	•	
-	receive anti-anxi	ety or pain medications			must be free from unnecessar	,	
	without first atte	mpting non			drugs. An unnecessary drug i	•	
		nterventions. This			any drug when used in excess		
	•	15 residents reviewed for			dose (including duplicate		
		dications in a sample of			therapy); or for excessive		
	_	*			duration; or without adequate		
	15. (Residents #	£36, #60, #40, and #59)			monitoring; or without adequate		
					indications for its use; or in the presence of adverse	•	
	Findings include:				consequences, which indicate	the	
					dose should be reduced or	uic	
	A review of facil	lity policy, provided by			discontinued; or any		
	the Director of N	Jursing, on 3/16/2011 at			combinations of the reasons		
	10:30 a.m. entitle	•			above. What corrective		
		havior Management			action(s) will be accomplished	ed	
		eemed current, included,			for those residents found to		
	•	ninistration of medication,			have been affected by the	.	
		· · · · · · · · · · · · · · · · · · ·			deficient practice? · Resider	it	
	•	tions will be attempted			#36 has non-medication interventions offered and		
	and documented	."			documented prior to		
					administration of anti-anxiety of	or	
	A review of the f	facility policy, provided			pain medication. · Resident #		
	by the Director of	of Nursing, on 3/17/2011			has non-medication intervention		
	at 4:20 p.m. enti	tled, "Pain Management,"			offered and documented prior	to	
	•	rent, included, "A plan of			administration of pain medicat	ion.	
		ized to the resident,			Resident #40 has non-medication interventions		
	addressing poten	· · · · · · · · · · · · · · · · · · ·			offered and documented prior	to	
					administration of pain medicat		
		o pain, behavioral			· Resident #59 has		
		alternative pain relief			non-medication interventions		
	techniques."				offered and documented prior	to	
					administration of anti-anxiety.		
	1. The record for Resident #36 was				How will you identify other	.	
	reviewed on 3/14/2011 at 3:00 p.m.				residents having the potentia	al	
		•			to be affected by the same		
					deficient practice and what		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

6CBP11 Facility ID: 000142

If continuation sheet Page 9 of 18

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	, DIIII	DINC		COMPLETED
		155237	A. BUII B. WIN			03/17/2011
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF F	PROVIDER OR SUPPLIEF	8		ı		
DETILAN		NOUGHE			SHELBY ST	
BETHAN	Y VILLAGE NURSI	NG HOME		I INDIAN	IAPOLIS, IN46227	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	Diagnoses for Ro	esident #36 included, but			corrective action will be take	
	were not limited to uterine papillary				A chart audit identified residentified	
	serous cancer, osteoporosis, osteoarthritis,				who require as needed (PRN	•
	l	*			anti-anxiety and pain medicat	tion.
	anxiety, depression, and hypertension.				· Residents with PRN	tion
	A care plan related to pain with a problem start date of 3/1/2011 and goal target date 6/1/2011, indicated for the resident to				anti-anxiety and pain medicat have non-medication	lion
					interventions offered and	
					documented prior to	
					administration of PRN	
	receive, "Non me	edication interventions			anti-anxiety or pain medicatio	n.
	such as rest, quiet environment, therapies as ordered."				What measures will be put i	
					place or what systemic	
					changes you will make to	
					ensure that the deficient	
	A care plan relat	ed to anxiety with a			practice does not recur? · ٦	The
	problem start dat	te of 1/27/2011 and a goal			Director of Nursing services	
	target date of 6/1	/2011, indicated for the			reviewed the policies on Pain)
	"	encourage to attend			Management Program and	
	· ·	meals in the main dining			Medication Administration.	
	· ·	•			Nursing staff was inserviced of	
	room, and will b	-			before 4/12/2011 by the Direct of Nursing Services (DNS)	ctor
	supportive reassi	urance and listening."			offering and documenting	
					non-medication interventions	prior
	A recapitulated of	loctor's order with an			to administering PRN anti-ana	
	original date of 8	3/2/2010, indicated the			and pain medications.	´
	resident was to r	eceive, Lorazepam 0.5			Non-medication interventions	are
		1 tablet by mouth every 8			documented in the medical	
	hours as needed	•			record prior to administration.	. •
	nours as needed	ioi anxiety.			PRN anti-anxiety and pain	
					medications usage is reviewe	ed no
	_	loctor's order with an			less than quarterly by nurse	
	original date of 8	3/2/2010, indicated the			managers for necessity and appropriateness of continued	LISA
	resident was to r	eceive, Norco 5-325			How the corrective action(s	
	milligram tablet.	1 tablet by mouth every			will be monitored to ensure	· ·
		d for mild to moderate			deficient practice will not re	I
					i.e., what quality assurance	,
	pain.				program will be put into place	ce?
					The DNS/Qualified Designe	•

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE S COMPL		
AND FLAN	OF CORRECTION	155237	A. BUILDI	ING		03/17/2	
			B. WING	TREET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER				SHELBY ST		
	Y VILLAGE NURSII			INDIAN	APOLIS, IN46227		_
(X4) ID		TATEMENT OF DEFICIENCIES	1	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	1	REFIX TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	DATE
_		octor's order with an			responsible for the completion	of	
	*	/2/2010, indicated the			the Unnecessary Medication a	udit	
	resident was to receive, Norco 5-325				tool for non-medication interventions for one unit per d	lav	
	milligram tablet, 2 tablets by mouth every				for four weeks, monthly for two	-	
	4 hours as needed	d for moderated to severe			months, then quarterly thereaf		
	pain.				with results reported to the Continuous Quality Improvement	ant	
					(CQI) committee overseen by		
	The March 2011				executive director. If threshold	d is	
		cord indicated the			not achieved an action plan makes developed to ensure	ay	
		he following medications			compliance.		
	without offering				·		
	•	or to the administration					
		ns Lorazepam and or nm 0.5 milligrams was					
	•	, 3, 4, 5, 6, 7, 8, 9, 10, 11,					
		id 16. A Norco 5-325					
		on 6 and 14. Two Norco					
	5-325 tablets on						
	The February 20						
		cord indicated the					
	resident received	_					
	medications with	•					
		ventions prior to the					
	administration of						
	*	or Norco: Lorazepam 0.5					
		iven on the 2, 3, 4, 5, 7, 3,14,15,16, 17, 18, 19,					
		3,14,13,16, 17, 18, 19, 1, 25, 26, and 27. Norco					
		tablet was given on 2 and					
	_	5-325 milligram tablets					
	were given on 5	•					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE S COMPL	ETED	
		155237	B. WIN			03/17/2	011
NAME OF F	PROVIDER OR SUPPLIER			1	ADDRESS, CITY, STATE, ZIP CODE	•	
DETHAN	VVIIII ACE NUIDOU	NC HOME		1	SHELBY ST		
	Y VILLAGE NURSII				APOLIS, IN46227		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	The January 201						21112
		cord indicated the					
	resident received						
	medications without offering						
	non-medication interventions prior to the						
	administration of	•					
		or Norco. Lorazepam 0.5					
	*	given on the 2, 3, 4, 5, 10,					
	11, 12, 13, 14, 17	7, 18, 21, 22, 23, 24, 29,					
	and 30. Two Nor	co 5-325 milligram					
	tablets were give	n on 1, 6, 7, 8, 9, 14, 22,					
	and 23.						
	2. The record for	Resident #60 was					
	reviewed on 3/17	7/2011 at 10:45 a.m.					
	Diagnoses includ	led, but was not limited					
	_	l disease with dialysis,					
		ebrovascular accident					
	, ,	niparesis, diabetes					
	, ,	troesophageal reflux					
	disease.						
		1					
	*	ed to pain with an					
	_	2/23/2011 and a goal					
	-	3/2011, indicated the					
		ave, "Non medication					
	interventions suc	-					
	environment, the	rapies as ordered."					
	A reconitulated d	loctor's order with an					
	•	3/19/2011, indicated the					
	_	eceive two Norco 5-325					
	resident was to R	100110 two 110100 3-323					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155237		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMP	(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE NURSING HOME			STREET A 3518 S	ADDRESS, CITY, STATE, ZIP CODE SHELBY ST IAPOLIS, IN46227		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
	milligram tablets as needed for pai	by mouth every 4 hours in.				
	resident received milligram tablets medication inter-	two Norco 5-325 s without offering non ventions prior to the f the medication Norco:				
	resident received milligram tablets medication inter- administration of February 1,2,3,4	11 medication ecord indicated the two Norco 5-325 without offering non ventions prior to the f the medication Norco: 4, 8, 9, 11, 12, 13, 14, 15, 4, 25, 26, 27, and 28.				
	resident received milligram tablets medication inter	two Norco 5-325 without offering non ventions prior to the f the medication Norco: 5, 6, 18, 20, 21, 22, 24,				
	reviewed on 3/14	Resident #40 was 4/2011 at 9:30 a.m. ed to pain with an				

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUII	DING		COMPL	ETED	
		155237	B. WING			03/17/2	011	
		<u> </u>			ADDRESS, CITY, STATE, ZIP CODE			
NAME OF PROVIDER OR SUPPLIER				3518 S SHELBY ST				
BETHANY VILLAGE NURSING HOME			INDIANAPOLIS, IN46227					
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE	
	_	2/11/2011 and a target						
		1, indicated the staff was						
	to, "Offer non pl	_						
	interventions suc	ch as quiet environment,						
	rest, shower, bac	ck rub, and reposition,"						
	prior to medicati	ion administration.						
	A recapitulated of	doctor's order with an						
	*	2/1/2011, indicated to						
		morphine sulfate 20						
	milligrams/milliliter, 0.5 milliliter every 2							
	hours as needed for Dyspnea or severe							
	pain.							
	pani.							
	Δ recanitulated (doctor's order with an						
	•	9/10/2010, indicated to						
	_	· ·						
	_	Vicodin 5-500, one tablet						
	every 4 nours as	needed for pain.						
	The March 2011	medication						
		ecord indicated the						
		the morphine sulfate on						
		providing non medication						
	_	or to the medication						
	-							
	morphine sulfate.							
	The February 20)11 medication						
	_							
	administration record indicated the resident received Vicodin 5-500 on the 19,							
		· · · · · · · · · · · · · · · · · · ·						
	for pain, without offering non medications							
	_	or to the medication						
	Vicodin.							

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155237		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COM	(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE NURSING HOME			3518 S	ADDRESS, CITY, STATE, ZIP COD SHELBY ST JAPOLIS, IN46227	DE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	resident received 4, and 6, for pair medication intermedication Vicos On 3/14/2011, a of Nursing to proin regards to other the resident prior administration.	ecord indicated the I Vicodin 5-500 on the 1, a, without offering non eventions prior to the				

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			COMPL	ETED
155237		155237	B. WING			03/17/2011	
			D. WIIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER				l			
BETHANY VILLAGE NURSING HOME			3518 S SHELBY ST INDIANAPOLIS, IN46227				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PERCEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	<u> </u>	TAG	DEFICIENCY)		DATE
F0329			F03	29	F329 483.25(I) Drug Regimen		04/16/2011
SS=E	4. The record of	Resident #59 was			Free from Unnecessary Drugs		
00 _	reviewed on 3/13	3/11 at 1:00 PM.			Each resident's drug regimen	.,	
					must be free from unnecessary drugs. An unnecessary drug is		
	Diagnosas for De	esident #59 included, but			any drug when used in excess		
	-				dose (including duplicate	100	
		to, dementia with			therapy); or for excessive		
	agitation and dep	pression.			duration; or without adequate		
					monitoring; or without adequat	:e	
	A care plan for th	ne resident, with an			indications for its use; or in the	:	
	original date of 1	/19/11 and current			presence of adverse		
	through 4/19/11 indicated a problem of "At risk for side effects related to receiving psychotropic medications." Approaches to preventing the side effects included "Attempt non-pharmacological interventions."				consequences, which indicate	the	
					dose should be reduced or		
					discontinued; or any		
					combinations of the reasons above. What corrective		
					action(s) will be accomplished	.d	
					for those residents found to	iu	
					have been affected by the		
					deficient practice? Residen	t	
	A recanitulated n	hysician's order for			#36 has non-medication		
	• •	th an original date of			interventions offered and		
					documented prior to		
		d Resident #59 could			administration of anti-anxiety of		
	•	m (an anti-anxiety			pain medication. · Resident #6		
	medication) 0.5 r	milligrams every 12 hours			has non-medication intervention		
	as needed for any	riety.			offered and documented prior		
					administration of pain medicat	ion.	
	The Medication	Administration Records			Resident #40 has non-medication interventions		
					offered and documented prior	to I	
	(MARs) for December, 2010, January, 2011 and February, 2011, indicated she received Lorazepam on 12/9/10 and				administration of pain medicat		
					· Resident #59 has		
					non-medication interventions		
	12/16/10, 1/27/11 and 2/27/11. There was				offered and documented prior	to	
	no indication on	the MARs or in the			administration of anti-anxiety.		
	nurses' notes anv	non-pharmacological			How will you identify other		
	•	been tried prior to			residents having the potentia	ıl	
		nt the anti-anxiety			to be affected by the same		
	giving the resider	in the anti-anxiety			deficient practice and what		

000142

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED		
		155237				03/17/2011		
			B. WING		ADDRESS, CITY, STATE, ZIP CODE			
NAME OF PROVIDER OR SUPPLIER								
			3518 S SHELBY ST					
BETHAN	Y VILLAGE NURSI	NG HOME	INDIANAPOLIS, IN46227					
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X	(5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL	P	REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	COMPL	ETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	DEFICIENCY)	DAT	ľΕ	
	medication.				corrective action will be take	n?		
					· A chart audit identified residentified	ents		
	E	:			who require as needed (PRN)			
		ion regarding the use of			anti-anxiety and pain medicati	on.		
		cological interventions			· Residents with PRN			
	for Resident #59	's anxiety was requested			anti-anxiety and pain medicati	on		
	from the Directo	r of Nursing (DON) on			have non-medication			
	3/13/11 at 3:30 P	• , ,			interventions offered and			
		provided by final exit on			documented prior to			
		provided by imar exit on			administration of PRN			
	3/17/11 at 5:00				anti-anxiety or pain medication			
					What measures will be put in place or what systemic	10		
	3.1-48(a)				changes you will make to			
	3.1-48(b)(1)				ensure that the deficient			
	. , , ,				practice does not recur? · T	30		
					Director of Nursing services	ie		
					reviewed the policies on <i>Pain</i>			
					Management Program and			
					Medication Administration.			
					Nursing staff was inserviced o	n or		
					before 4/12/2011 by the Direct			
					of Nursing Services (DNS)			
					offering and documenting			
					non-medication interventions	rior		
					to administering PRN anti-anx	ety		
					and pain medications.			
					Non-medication interventions	are		
					documented in the medical			
					record prior to administration.	·		
					PRN anti-anxiety and pain	.		
					medications usage is reviewed	i no		
					less than quarterly by nurse			
					managers for necessity and appropriateness of continued	100		
					How the corrective action(s			
					will be monitored to ensure t	· I		
					deficient practice will not rec			
					i.e., what quality assurance	ui,		
					program will be put into plac	۵2		
					The DNS/Qualified Designer			
					o bito, Qualified besigned	´		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

l I		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155237	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE		
BETHANY VILLAGE NURSING HOME				SHELBY ST NAPOLIS, IN46227		
(X4) ID		TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION DATE	
				responsible for the completion the <i>Unnecessary Medication</i> at tool for non-medication interventions for one unit per of for four weeks, monthly for two months, then quarterly thereaf with results reported to the Continuous Quality Improveme (CQI) committee overseen by executive director. If threshold not achieved an action plan m be developed to ensure compliance.	of audit lay contact lay	